



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
FUJIMORI	MICHELLE	NALANI	(808) 527-8014	
MAILING ADDRESS (Street)			FAX	
924 BETHEL STREET			(808) 527-8088	
(City)	(State)	(Zip Code)		
HONOLULU	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City)			(State)	(Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
LEGAL AID SOCIETY OF HAWAII			(808) 536 4302
MAILING ADDRESS (Street)			FAX
924 BETHEL STREET			(808) 527-8088
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Keawe			527-8060
MAILING ADDRESS (Street)			FAX
924 Bethel Street			5278088
(City)	(State)	(Zip Code)	
HON	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

M. VICTOR GEMINIANI

EXECUTIVE DIRECTOR

NAME OF ORGANIZATION (if applicable)

TELEPHONE

LEGAL AID SOCIETY OF HAWAII

527 8010

MAILING ADDRESS (Street)

FAX

924 Bethel St.

527 8088

(City)

(State)

(Zip Code)

HONOLULU

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)

JAN. 30, 05